

Officeholder and Candidate  
Campaign Statement –  
Short Form

|   |                                  |
|---|----------------------------------|
| Date Stamp<br><b>RECEIVED</b>           | CALIFORNIA<br>FORM<br><b>470</b> |
| JUL 31 2025                             | For Official Use Only            |
| CITY OF ARCATA<br>CITY MANAGER'S OFFICE |                                  |

1. Statement Covers Calendar Year 20 25.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ALEXANDRA STILLMAN

STREET ADDRESS

[REDACTED]

CITY

ARCATA

STATE

CA

ZIP CODE

955-21

AREA CODE

[REDACTED]

PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION)

ARCATA

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

July 31, 2025

DATE

By

Alexandra Stillman

SIGNATURE OF OFFICEHOLDER OR CANDIDATE